

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MW		07-03-01
O.I.P.E. CLASSIFIER			08-11-01
FORMALITY REVIEW	H-S	866	08-31-01
RESPONSE FORMALITY REVIEW	ph	1020	10-11-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	07/07
2	✓	✓	07/07
3	✓	✓	07/07
4	✓	✓	07/07
5	✓	✓	07/07
6	✓	✓	07/07
7	✓	✓	07/07
8	✓	✓	07/07
9	✓	✓	07/07
10	✓	✓	07/07
11	✓	✓	07/07
12	✓	✓	07/07
13	✓	✓	07/07
14	✓	✓	07/07
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If more than 150 claims or 10 actions  
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50-859  
 8/21  
 6/17  
 10-11-01